



Outer Hebrides Child Protection Committee

Minimum Dataset Indicators: Dec 2023 – May 2024

Report to June 2024 Child Protection Committee

INTRODUCTION

This report sets out the Audit and Self-Evaluation Group's key findings from its analysis of the Minimum Dataset for Child Protection Committees indicators for the period of December 2023 to May 2024.

The data, charts, tables and comments are contained below in this report. Where appropriate and available, the Audit and Self-Evaluation Sub-Group has also brought wider data and intelligence (e.g. other local indicators, audit and self-evaluation exercises, and insights from local managers and staff) into its analysis of the Minimum Dataset indicators. In particular for this report, use has been made of the external Vulnerable Children and Adult Protection Monitoring Report produced by the Scottish Government – available [Here](#). This has not been updated since Feb 2024 and therefore limits the depth of data available for comparison.

KEY FINDINGS FROM THE DATA

The Audit and Self-Evaluation Sub-Group has reviewed all the data in this report and added comments which has led in identifying the headline messages:

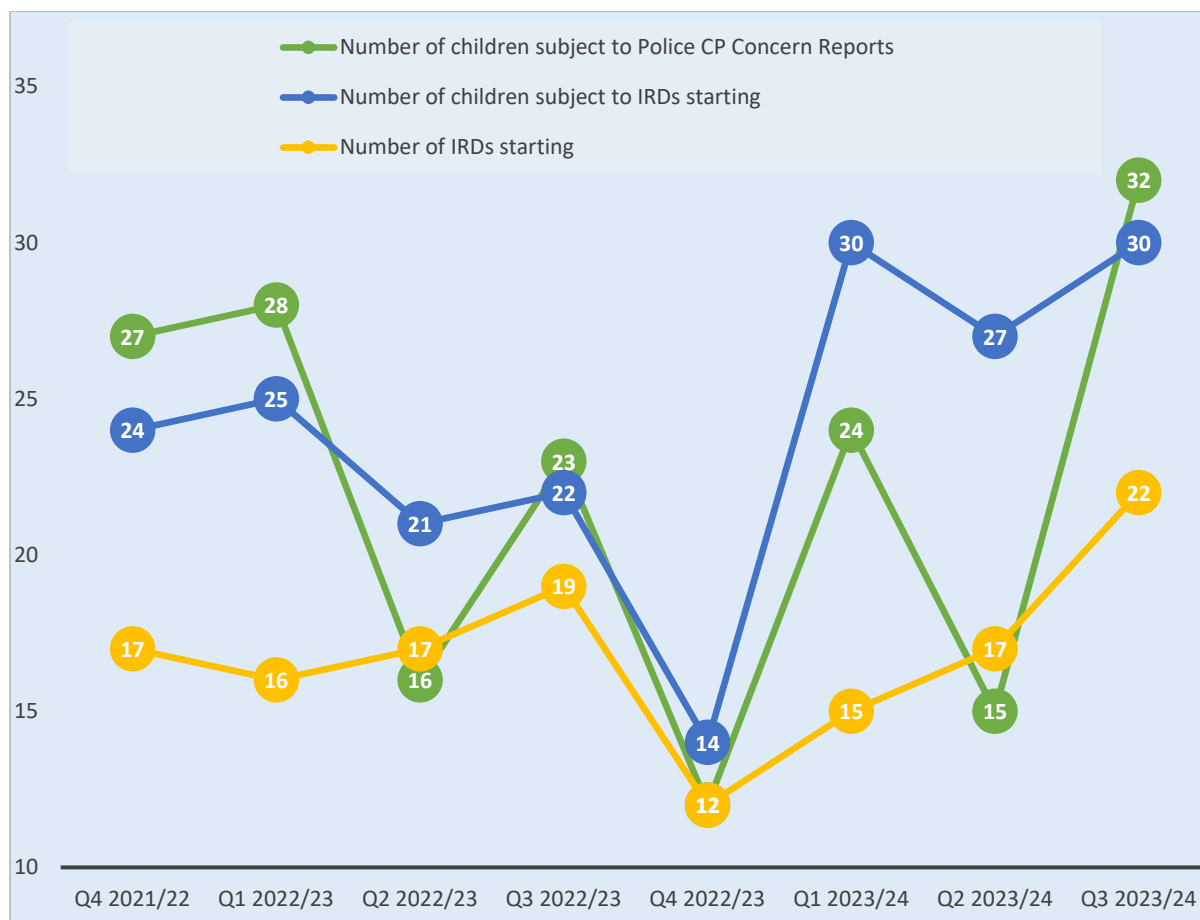
- It is clear that given the small numbers involved within the dataset it is hard to draw significant conclusions from the data. This limits us to is detecting large differences between reporting figures rather than some of the nuances within them.
- There is a significant increase in children who are subject to Police Scotland Child Protection Concern Forms in the last quarter. Further monitoring required.
- The number of children subject to Inter-agency Referral Discussions (IRD) remains consistently higher in the last three quarter, with the number of IRDs taking place increasing each quarter.
- Excellent attendance from all agencies at Inter-agency Referral Discussions
- The dip below national target of SCRA Decisions within 50 working days, attributed to a number of factors.
- Continued 100% of parental attendance at Child Protection Planning Meetings and Core Groups.

EARLY-STAGE CHILD PROTECTION ACTIVITY	
1	Number of children subject to Police Scotland-recorded Child Protection Concern Reports
2A	Number of children subject to Inter-agency Referral Discussions starting
2B	Number of Inter-agency Referral Discussions starting
3	Number of children subject to a Joint Investigative Interview
4	Number of children subject to Child Protection Medical Examination
CHILD PROTECTION PLANNING MEETINGS	
5A	Number of children subject to Initial and Pre-birth Child Protection Planning Meetings
5B	Number of Initial and Pre-birth Child Protection Planning Meetings
CONVERSION RATES	
6A	Conversion rate (%): IRD to Initial and Pre-birth Child Protection Planning Meetings
6B	Conversion rate (%): Initial and Pre-birth Child Protection Planning Meetings to Registration
CHILD PROTECTION REGISTER	
7	Number of new child protection registrations
8	Number of child protection re-registrations (by 3, 6, 12 and 24 months of deregistration)
9	Number of children on the Child Protection Register
10	Number of children de-registered from the Child Protection Register
CHARACTERISTICS OF OUR VULNERABLE CHILDREN AND YOUNG PEOPLE	
11	Age of children placed on the Child Protection Register
12	Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting
CHILDREN INVOLVED IN RELATED PROCESSES	
13A	Number of children subject to Age of Criminal Responsibility IRDs starting
13B	Number of Age of Criminal Responsibility Investigative Interviews
14	Number of children referred to Care and Risk Management (CARM) or equivalent proceedings
15A	Number of children referred to the Children's Reporter on offence grounds
15B	Number of children referred to the Children's Reporter on non-offence grounds
16	Number of children and young people with a Child Protection Order granted
CHILD PROTECTION PROCESS TIMESCALES	
17	Percentage of Initial Child Protection Planning Meetings held no later than 28 calendar days from Inter-agency Referral Discussion
18	Percentage of Pre-birth Child Protection Planning Meetings taking place no later than at 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as possible after the notification of concern and in any case within 28 calendar days
19	Percentage of Initial Core Group meetings held within 15 working days of the Initial Child Protection Planning Meeting
20	Percentage of first Review Child Protection Planning Meetings held within 6 months of the Initial Child Protection Planning Meeting
21	Percentage of Reporter's decisions made within 50 working days of referral receipt
PARENTAL OR CARER ATTENDANCE	
22A	Percentage of parental attendance at Initial Child Protection Planning Meetings
22B	Percentage of parental attendance at Initial Core Group Meetings

EARLY-STAGE CHILD PROTECTION ACTIVITY

Indicators 1, 2A and 2B:

Number of Police Scotland-recorded CP Concern Reports and Inter-Agency Referral Discussions



Scrutiny questions to support analysis of the data:

- **How many child protection concerns have been received from health, education and other sources?**
- **Have all core agencies (health, police and social work) attended the initial IRD meeting?**
- **How many children have been subject to two or more IRDs in the last 12 months?**
- **how many children were subject to Investigation in the quarter?**

Comments:

As can be seen in the data contained in this report, the number of child protection activities in recent quarters shows a general cycle of the data varying by 50% quarter by quarter.

It is also unclear in Q4 21/22, Q1 22/23, Q3 22/23 and Q1 23/24 how there were more children subject to IRDs than Child Concern Forms (CCFs/VPDs) with a child protection marker.

Local colleagues at Police Scotland are making enquiries into this, in particular as it stands to reason that each IRD would result in a Child Concern Form being created. There may be concerns that have occurred (i.e. Youth Offending or Missing Person Enquires) that would result in a Child Concern Form being submitted but not resulting in an IRD. For example, young people who are reported

missing from a care placement will be subject to a Child Concern Form and may not result in an IRD being required.

IRD audit has revealed that we continue to have excellent attendance from Social Work, Health, Police and Education at our IRDs.

Additionally, this increase in the last quarter, there is a query about whether we are able to track changes in practice throughout these quarters over the years. For example, a change in practice in how Police record Youth Offending within this time period may result in an increase in referrals.

With regards to our partner authorities, below is an outline of the respective figures for Shetland and Orkney in comparison to our own figures.

		May-Jul	Aug-Oct	Nov-Jan	Feb-Apr
		Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
No. of Children subject to Child Concern Forms (CCFs/VPDs)	Orkney	20	26	37	37
	Shetland	33	30	12	13
	Western Isles	12	24	15	32
No. of Children to IRD	Orkney	22	39	43	44
	Shetland	28	23	11	12
	Western Isles	14	30	27	30
No. of IRDs	Orkney	19	25	30	18
	Shetland	27	21	9	10
	Western Isles	12	15	17	22

In order to assist with understanding this data more effectively, viewing it in light of our population enables us to draw clearer comparisons with partner authorities. Police Scotland data provides this per 10,000 population for each local authority area in Scotland, along with the national average. Additionally viewing it over a period of time allows for a longer-term picture to be obtained. Below are the three indicators over 4 and 8 Quarters, compared to neighbouring authorities per 10,000 population.

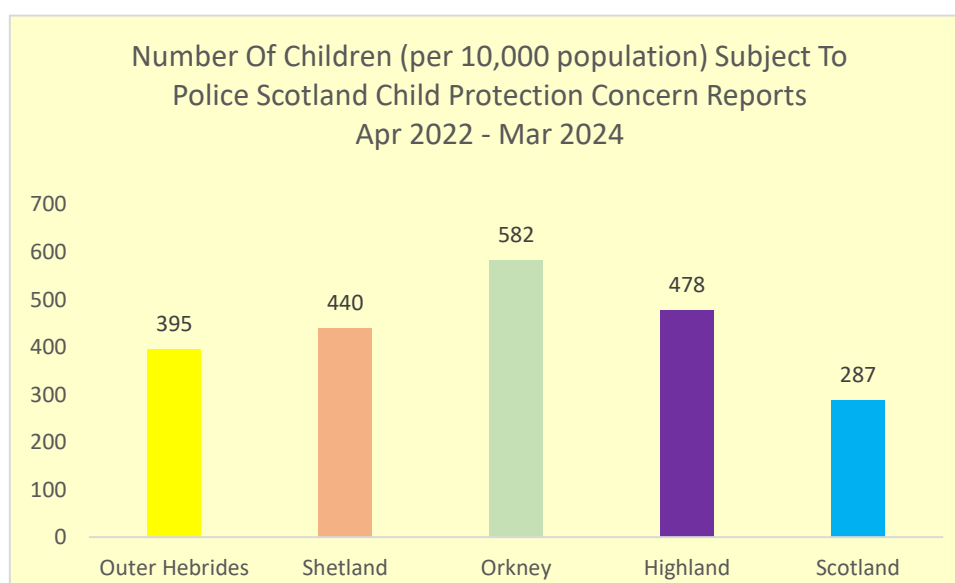
rate per 10,000 population over last 4 quarters (May 2023-Apr 2024)

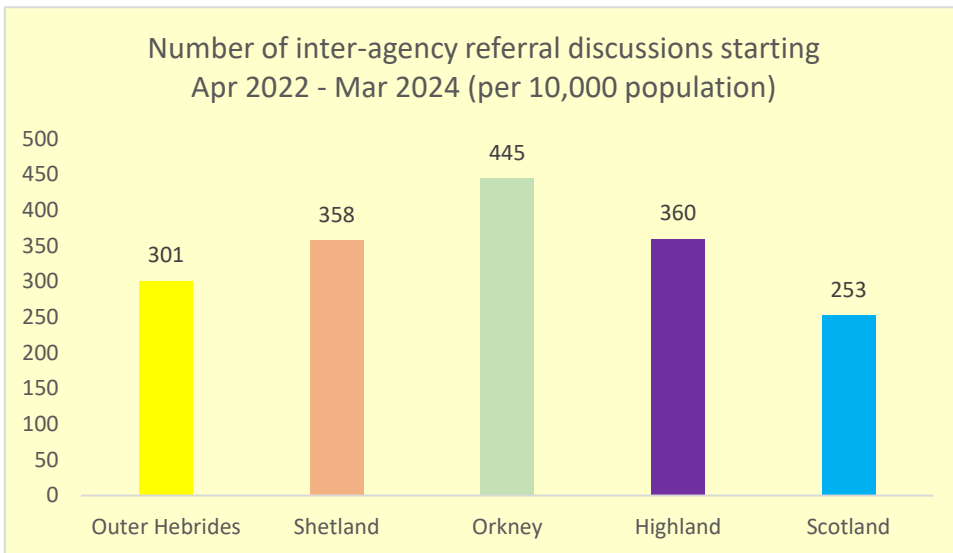
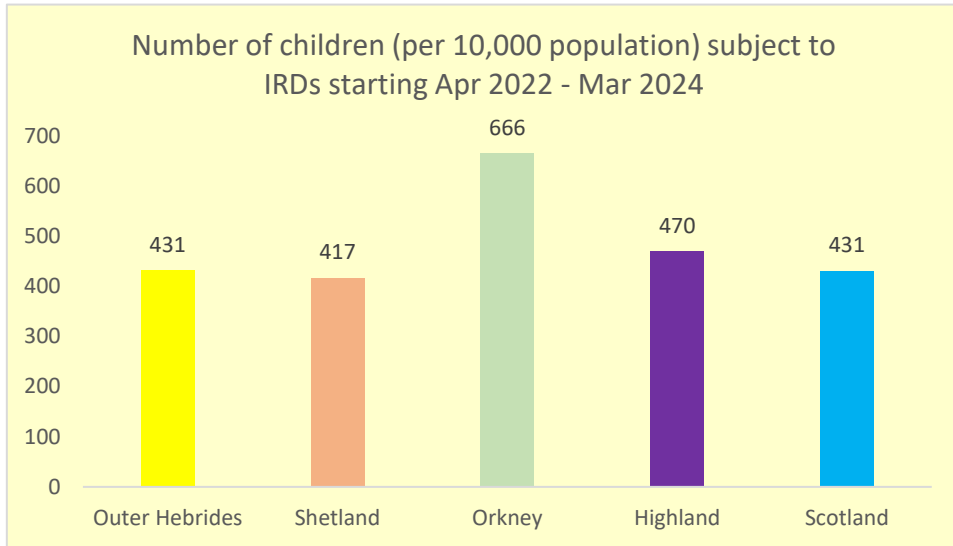
		Outer Hebrides	Shetland	Orkney	Highland	Scotland
Last 4 Quarters	Number of children subject to Police Scotland-recorded child protection concern reports	185	186	304	252	144
	Number of children subject to inter-agency referral discussions starting	225	157	375	245	219
	Number of inter-agency referral discussions starting	147	142	233	189	129

rate per 10,000 population over last 4 quarters (May 2023-Apr 2024)

		Outer Hebrides	Shetland	Orkney	Highland	Scotland
Last 8 Quarters	Number of children subject to Police Scotland-recorded child protection concern reports	395	440	582	478	287
	Number of children subject to inter-agency referral discussions starting	431	417	666	470	431
	Number of inter-agency referral discussions starting	301	358	445	360	253

For easier viewing, here are three graphs comparing the above data over 8 Quarters/2 Years.

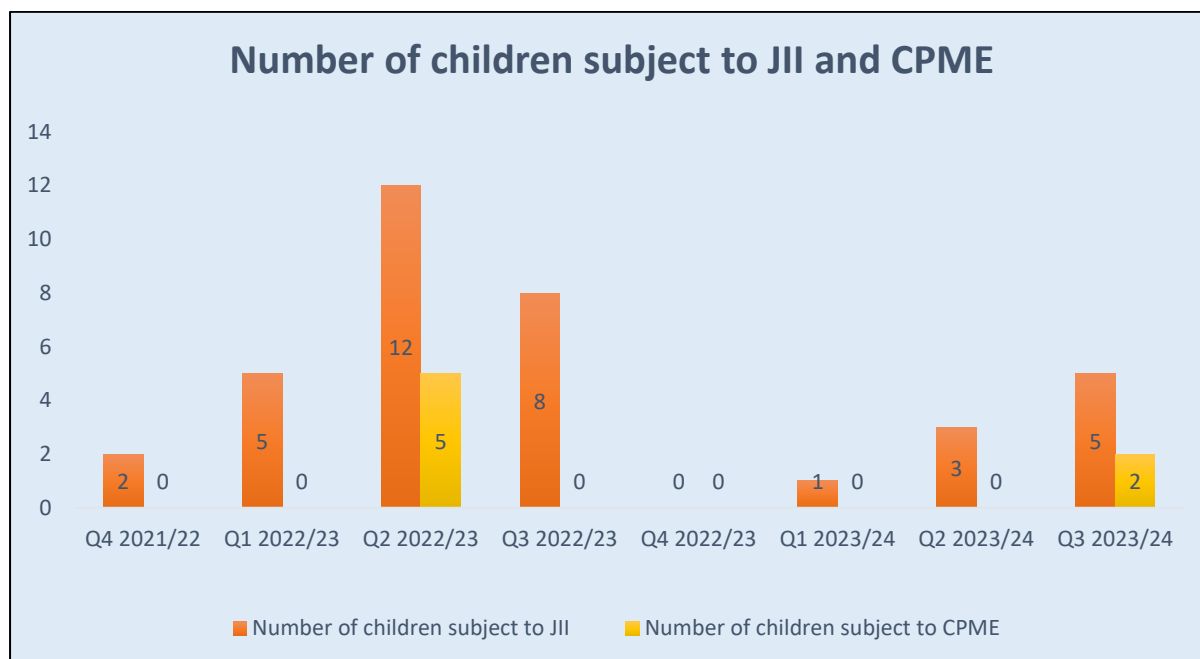




It would be beneficial if it is possible to have further analysis of the sources of these referrals, the nature of the concern and if these referral figures from Police Scotland capture all the child protection referrals received to the partnership.

Indicators 3 & 4:

Number of Children subject to Joint Investigative Interview and CP Medical Examination



Scrutiny questions to support analysis of the data:

- **How many and/or % of the JIIs used the Scottish Child Interview Model?**
- **What was the breakdown by Child Protection Medical Examination type?**
- **What were the outcomes of the Child Protection Medical Examination (i.e. what harm or abuse was identified)?**

Comments:

Number of children subject to Joint Investigative Interviews JII/VRI:

There was a significantly quieter period in relation to Joint Investigative Interviews last year. Locally, SCIM launched in November 2023 and all interviews since then have been completed through SCIM.

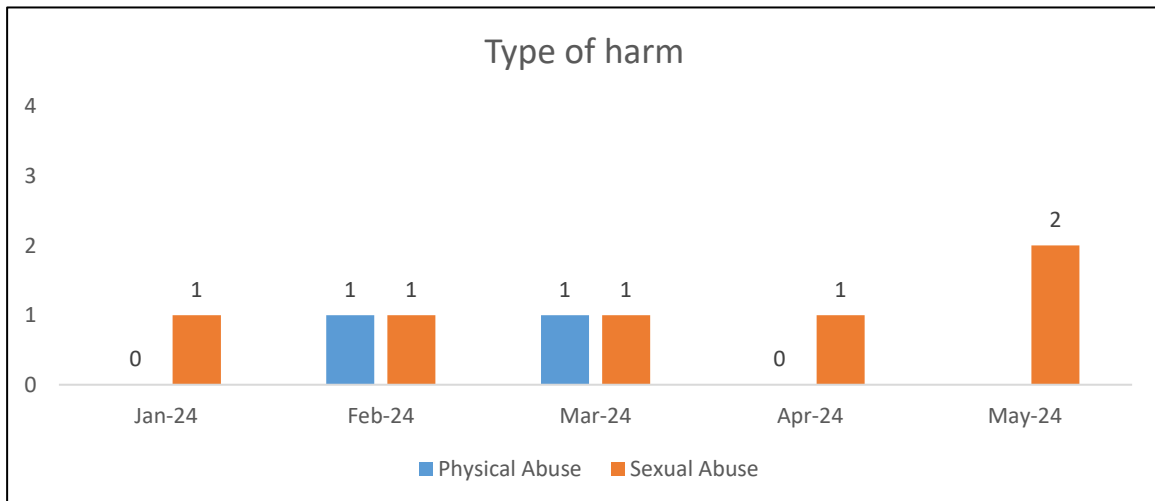
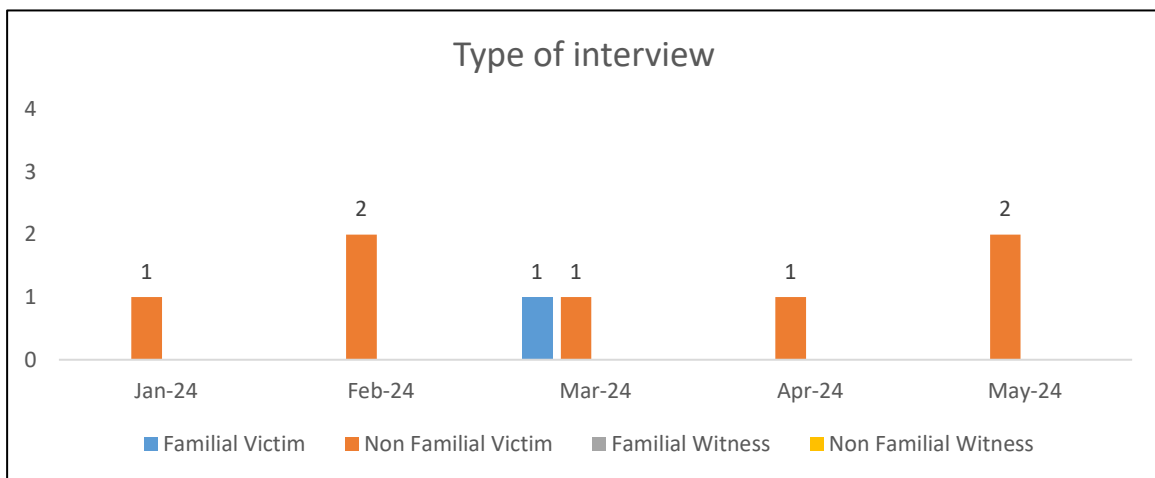
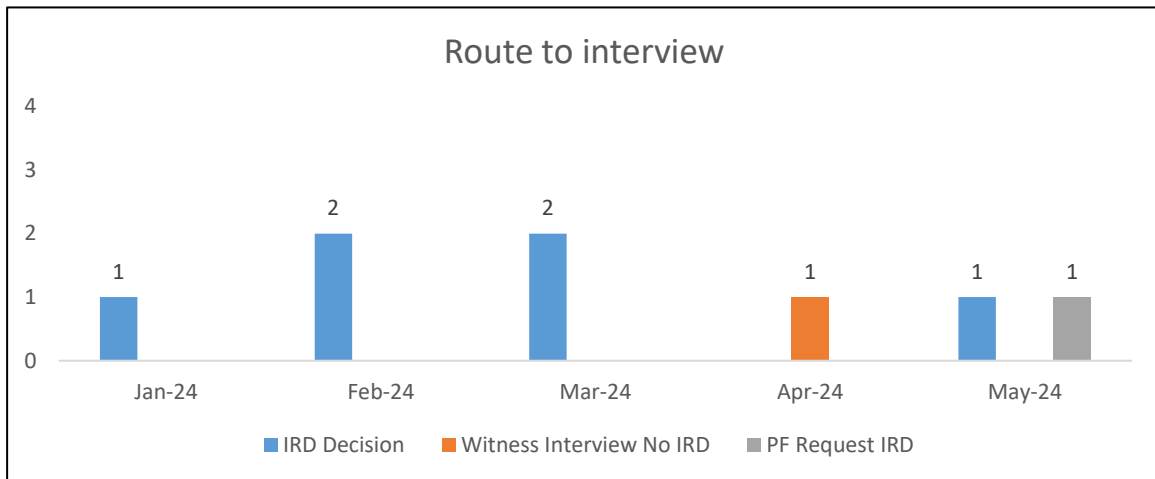
The trend of reducing VRIs remained at the end of last year however, there has been a steady number through 2024. This is positive in terms of enabling our SCIM staff to become more skilled and accustomed with the model.

To add context to some of those figures, the 2 interviews undertaken in May is from a total of 16 interviews in Police Scotland N Division.

Number of VRIs carried out in the Western Isles

	Q2	Q3			Q4			Q1			Q2		Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
2018	2	2	3	1	3	3	5	2	5	2	4	1	33
2019	3	2	3	6	6	2	0	1	1	5	2	0	31
2020	3	8	1	0	5	3	3	5	2	4	3	3	40
2021	3	2	2	3	1	1	4	0	2	2	0	4	24
2022	3	2	0	3	1	1	0	2	2	1	3	4	22
2023	5	2	3	3	0	0	0	0	0	1	2	0	16
2024	1	2	2	1	2								6

Additional SCIM Data



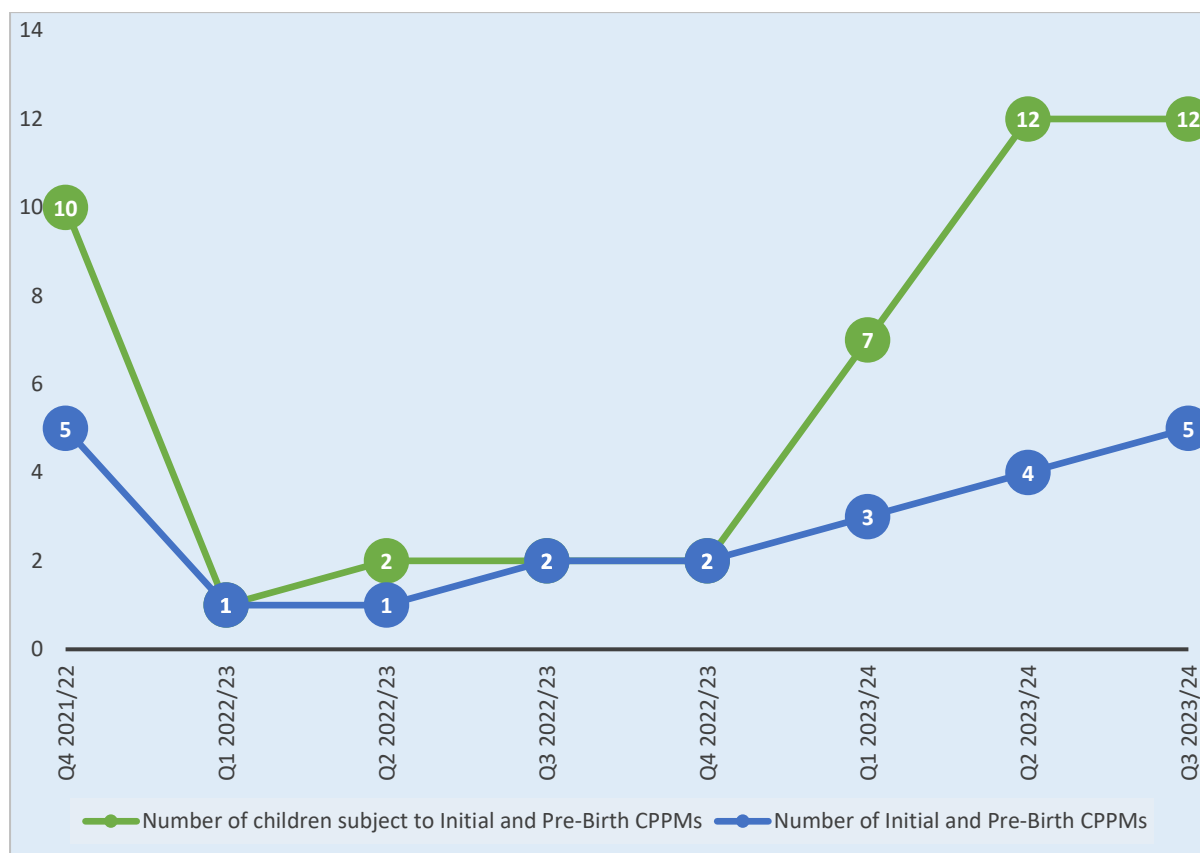
Child Protection Medical Examinations (ME):

Given the low number of referrals leading to JII, this also correlates with low figures relating to medical examinations. Further data to be drawn to evaluate the number of medicals that take place locally but are not CP MEs. NHS will provide this data shortly to allow great insight.

CHILD PROTECTION PLANNING MEETINGS

Indicators 5A & 5B:

Number of Children subject to Initial and Pre-Birth Child Protection Planning Meetings



Scrutiny questions to support analysis of the data:

Were there large family groups of (e.g. 3 or more) brothers and sisters subject to Initial and Pre-Birth Child Protection Planning Meetings?

Comments:

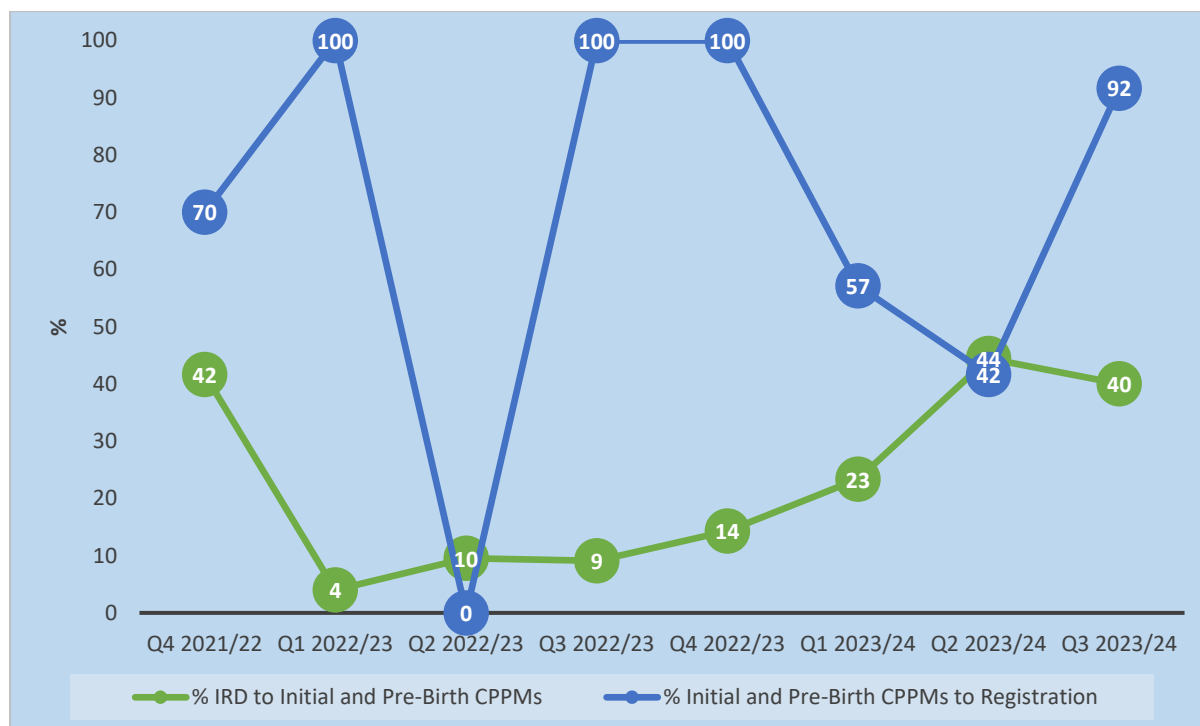
There has been an increasing trend over the last number of quarters in terms of children coming to CPPMs. It is likely due to the numbers of children being discussed at each CPPM being large, and previous quarters (2022/23) being single child families.

The number of CPPMs hasn't increased significantly in line with the number of children, thus suggesting larger family groups.

CONVERSION RATES

Indicators 6A & 6B:

Conversion Rates (%) – IRD to CPPMs; CPPMs to Registration



Scrutiny questions to support analysis of the data:

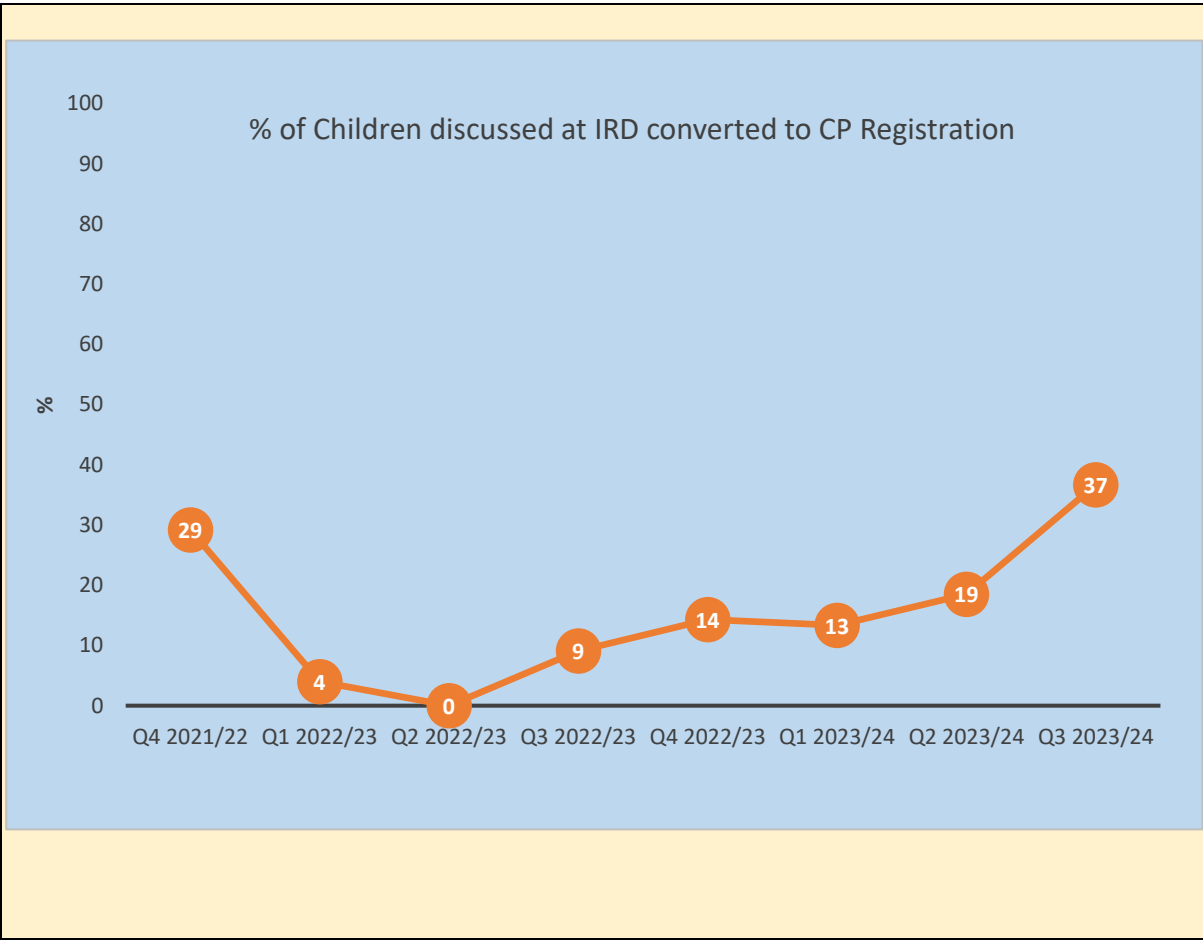
- **What are the conversion rates telling us – e.g. about thresholds?**
- **If CP Investigation is a distinct local process, what are the conversion rates for?**
 - **IRD to CP Investigation**
 - **CP Investigation to CP Planning Meeting**
- **What reasons/factors led to children not progressing to further child protection processes; and are the needs of these children being met?**

Comments:

The % figure for IRDs leading to a CPPM remains sporadic, however this suggests that appropriate investigation and intervention is offered at the point of referral. Also, it demonstrates that not all cases discussed at IRD result in CPPMs. If this were the case it would be concerning that not all referrals were being captured by the IRD process. There has been an increase in recent quarters, however reflection further back over the 8 years demonstrates that in 2021/22 we were at a similar figure prior to this dropping significantly in 22/23.

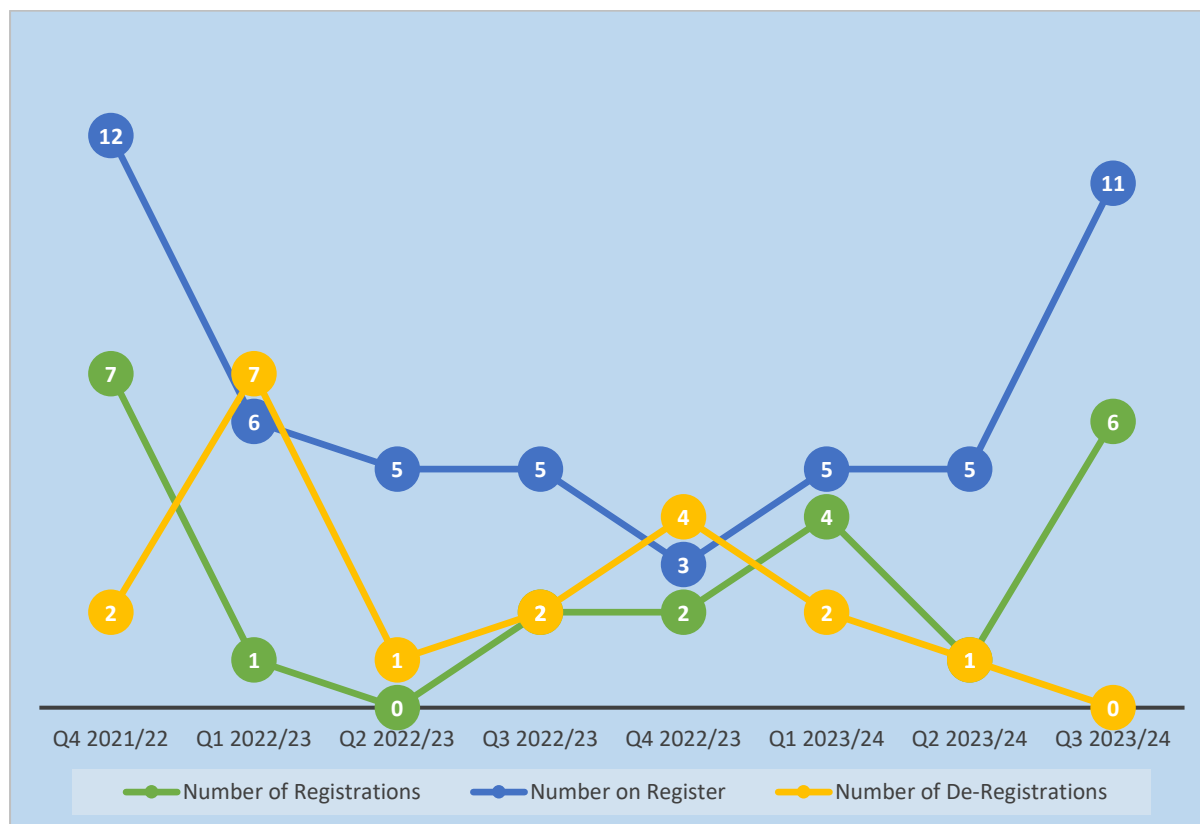
It is also positive to note that not all young people who progress to a CPPM result in CP Registration. As noted above, it would be a concern if it was consistently 100% which could suggest that families that progress to CPPM were those who were automatically going to be added to the CP Register.

Additional graph shown below displays the percentage of children discussed at IRD that convert through to CP Registration. This shows that largely only a small percentage of children discussed at IRD results in CP Registration however there is a notable increase in the last quarter.



CHILD PROTECTION REGISTER

Indicators 7, 9 & 10: Number of Children (including Pre-Birth) on the Child Protection Register, New Registrations, and De-Registrations



Scrutiny questions to support analysis of the data:

- **How many transfer in registrations have been received – and what are the characteristics of those children** (including the originating local authority area / country)?
- **How many temporary registrations/notifications have been received?**
- **What factors have led to the number of children on the Child Protection Register increasing and/or decreasing** (e.g. number of registrations versus length of time on register versus number of de-registrations)?
- **How long have children been on the Register** (e.g. how many/what proportion have been registered for more than 1 year)?
- **How long had children been registered at time of de-registration** (e.g. less than 6 months; 7-12 months; 13-24 months; and 2 years plus)?

What were the reasons for deregistration? What percentage of children had 'improved home situation' so keeping children and families together?

Comments:

This graph represents the total number of children that were on the CP register during the quarter. It does not indicate the current live total of the CP Register.

The local Child Protection Register as of May 28th, has eleven young people registered on it. This is across seven family groups.

Indicator 8: No of Re-Registrations within 3, 6, 12 & 24 months of deregistration

	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr
	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Number within 3 months	0	0	0	0	0
Number within 6 months	0	0	0	0	0
Number within 12 months	0	0	0	0	0
Number within 24 months	0	0	0	0	0

Scrutiny questions to support analysis of the data:

- **What has changed in these children’s lives since they were de-registered?**
- **What supports have been provided in the post de-registration period?**

How many times have the children previously been registered (e.g. multiple occasions)?

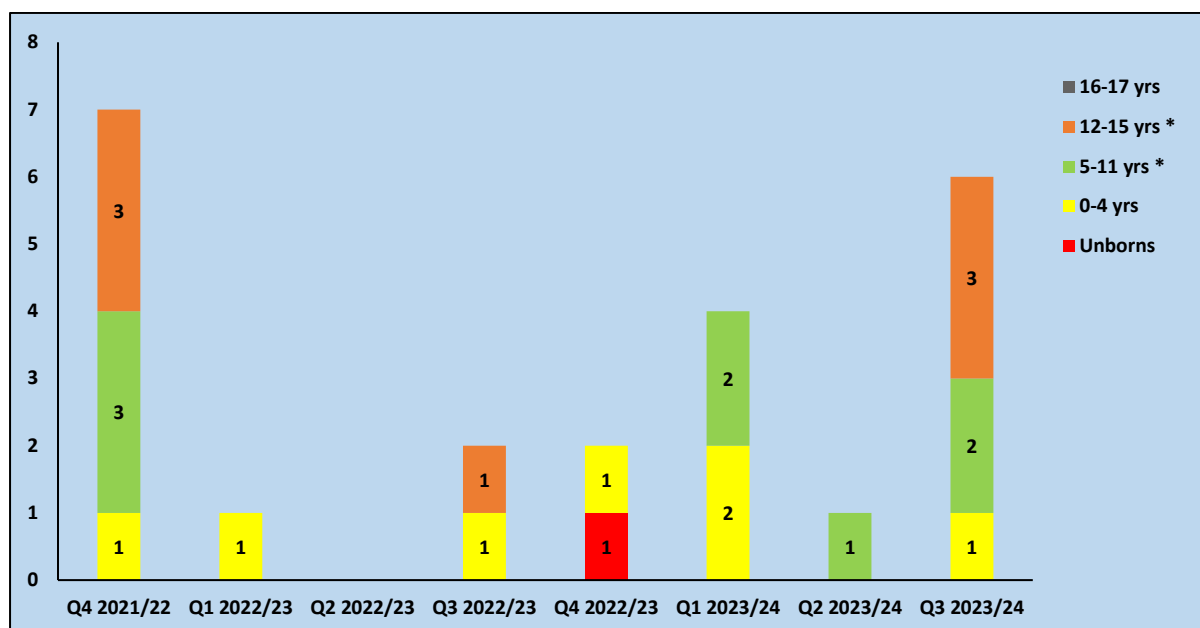
Comments:

This data shows that only a small number of the cases involved in Child Protection processes return to CP register.

In the last four years only two families have returned to the CP Register after de-registration. This was April 2020 and Aug 2022. This indicates that the intervention offered reduces the risk of continuing harm that a child may experience.

CHARACTERISTICS OF OUR VULNERABLE CHILDREN AND YOUNG PEOPLE

Indicator 11: Age of Children and Young People at Registration



Scrutiny questions to support analysis of the data:

- **What factors explain any change(s) in the age profile?** For example, improved awareness and identification of concerns among age-specific workforces; impact of a recent Learning Review; impact of wider social, economic or service-related factors; etc.?
- **For pre-birth registration, how does the number of registrations compare with annual maternity health indicators,** e.g. number of babies diagnosed with neonatal abstinence syndrome or foetal alcohol syndrome?

Does local service provision reflect the age profile (and development stage needs) of newly registered children?

Comments:

With relatively small numbers being added to the CP Register each quarter, there is little to draw from this.

Indicator 12: Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting (% of new registrations in quarter) **(SEE NEXT PAGE)**

SCRUTINY QUESTIONS FOR INDICATOR 12

Scrutiny questions to support analysis of the data:

- **How does the concerns profile at registration compare with the concerns profile at earlier stages of the child protection process (e.g. IRD)?**
- **What factors explain any change(s) in the concerns profile?** For example, genuine emergent concerns, training on specific concern(s) leading to increased identification, changes in how concerns are recorded, or impact of a recent Learning Review?
- **Does local service provision reflect the most prevalent concerns identified?**
- **How do the concerns interact with wider Public Protection (e.g. Adult Support and Protection) concerns?**

To what extent are parental concerns (e.g. domestic abuse; parental drug or alcohol use) shared with other Public Protection groupings to inform wider service planning?

Comments:

As noted in the table below, there have been consistently low numbers of children added to the Child Protection Register each quarter over the last five quarters. However, from these figures it is clear that Domestic Abuse and Neglect are the main contributing factors to children being placed on the CP Register. These are presenting concerns in relations to parents, and it unclear if any children coming to CP Register are involved with risk taking themselves.

It is positive to note the impacts of the child now include the wider impact on the child, as previous quarters this appears limited to neglect.

It is also positive to note that recording the impact on the child/family is being consistently recorded.

The majority of vulnerability factors focuses on parental issues with no factors identified in relation to children and young people themselves having vulnerability factors..

Indicator 12: Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting (multiple factors/impact can be attributed within one meeting)

	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr
	Q3	Q4	Q1	Q2	Q3
	2022/23	2022/23	2023/24	2023/24	2023/24
VULNERABILITY FACTORS					
Services finding it hard to engage					
Child affected by Parent/Carer Learning Difficulty or Disability					
Child affected by Parent/Carer Mental Ill-Health					2
Child experiencing Mental Health Problems					
Domestic Abuse	1	1	1		4
Parental Alcohol Use					
Parental Drug Use		1			2
Child displaying Harmful Sexual Behaviour					
Online Safety					
IMPACTS ON / ABUSE OF THE CHILD					
Physical Abuse				1	
Emotional Abuse					1
Sexual Abuse					1
Criminal Exploitation					1
Child Trafficking					
Neglect		1	4		1
Female Genital Mutilation					
Honour-based abuse and Forced Marriage					
Child Sexual Exploitation					
Internet-enabled Sexual Offending					
Underage Sex					
Other Concern(s)	1				
TOTAL NUMBER OF REGISTRATIONS	2	2	4	1	6

CHILDREN INVOLVED IN RELATED PROCESSES

Indicators 13A, 13B & 14: Number of Children subject to Age of Criminal Responsibility IRDs and Investigative Interviews, and CARM Proceedings

	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr
	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Number of ACR IRDs	0	0	0	0	0
Number of ACR Investigative Interviews	0	0	0	0	0
Number referred to CARM	0	0	0	0	0

Scrutiny questions to support analysis of the data:

Where CARM quarterly numbers are high, suggest consideration of other CARM measures set out in Framework for Risk Assessment Management and Evaluation with children aged 12-17

Comments:

Nationally there is only a small number of ACR referrals each year, with the Western Isles not anticipating many, if any. However, with SCIM trained staff locally, further training will be explored to ensure that we are able to respond robustly with local provision. Progression of the Bairns' Hoose will further enhance this work.

Indicators 15A & 15B: Number of Children Referred to the Children’s Reporter



Scrutiny questions to support analysis of the data:

- **What are the sources of the referrals to the Reporter?**
- **How many referrals to the Reporter have come from Child Protection Planning Meeting or other multi-agency child protection and risk management processes?**

How many and/or what proportion of Child Protection Orders were applied for but not granted? What were the reasons for them not being granted?

Comments

There is a noted change in the direction of travel for non-offence related concerns in the last quarter.

Additional information for academic year of 2023/24. It is important to note that one child may be referred for both offence and non-offence grounds at the same time, thus there is a difference in total number of children noted below and the combined figures in the graph above.

	Q1 Aug-Oct	Q2 Nov-Jan	Q3 Feb-Apr
children referred to the Children's Reporter	30	14	41
% of the non-offence referrals were taken to a hearing by the Reporter	33.3%	0%	56.0%
Children's Hearings held	25	24	16
children with a Compulsory Supervision Order in place at the quarter end	24	28	29

Indicator 16: Child Protection Orders Granted

	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2022/23	2022/23	2022/23	2022/23	2022/23	2023/24	2023/24	2023/24
Number of children with CPOs granted	0	0	0	0	1	0	0	0

Scrutiny questions to support analysis of the data:

- **What are the sources of the referrals to the Reporter?**
- **How many referrals to the Reporter have come from Child Protection Planning Meeting or other multi-agency child protection and risk management processes?**

How many and/or what proportion of Child Protection Orders were applied for but not granted? What were the reasons for them not being granted?

Comments:

There was a CPO applied for in relation to a newborn child in Q4 2023. Given the circumstances and rarity of CPOs within the Western Isles this case will be audited as part of the Child Protection Case Audit activity. This was scheduled for February 2024 but will be June 2024.

History of CnES CPO Applications

February 2020

Following a pre-birth assessment, a CPO was applied for and granted on the day of birth of the child. That child has not returned home to the care of the parent and has been adopted.

September 2013

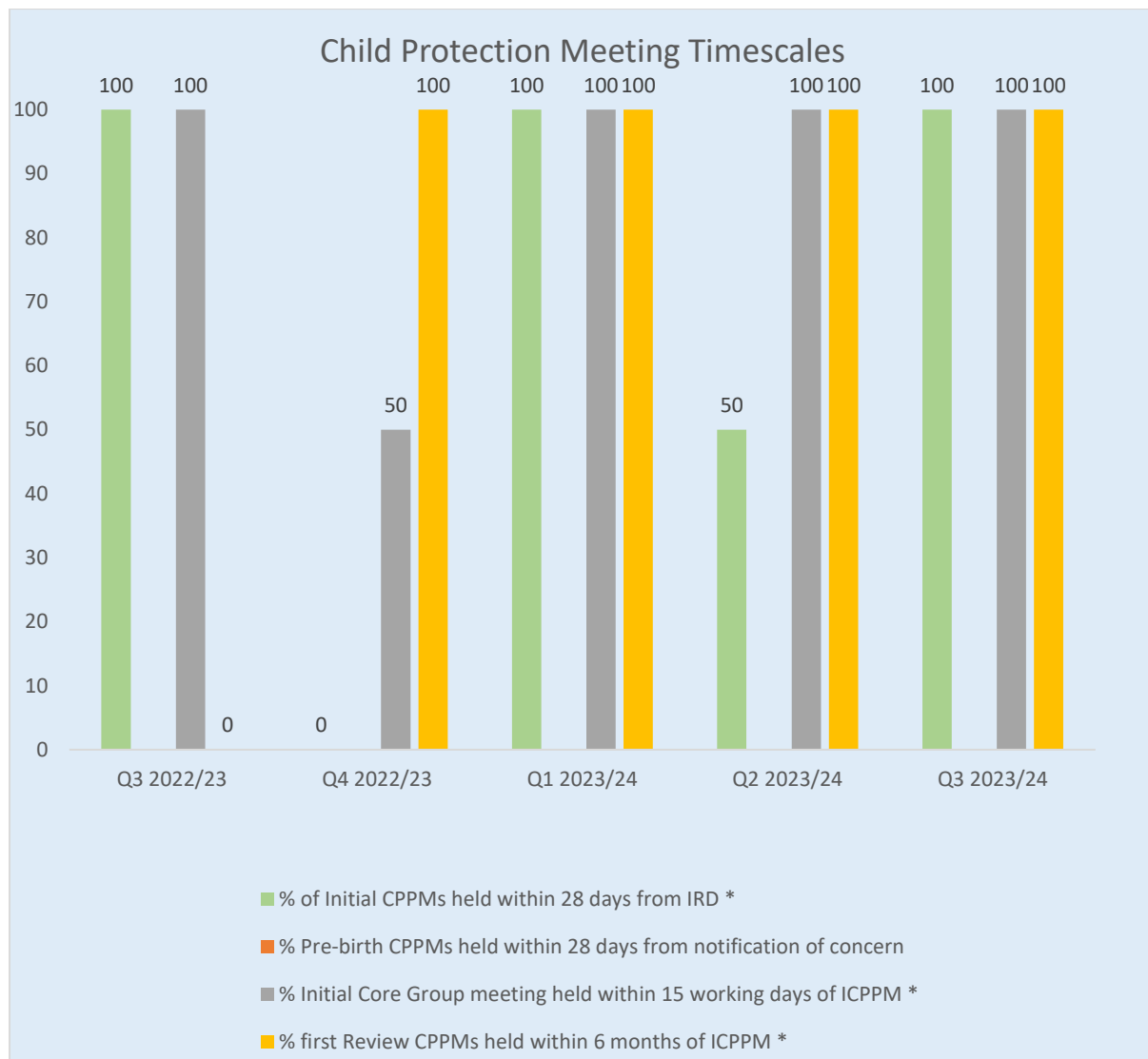
Following a pre-birth assessment including use of a specialist residential unit, a CPO was applied for and granted. That child has not returned home to the care of the parent and has remains in kinship care.

Over the last 10 years, there have been no CPOs applied for that have not been granted.

CHILD PROTECTION PROCESS TIMESCALES

Indicators 17–20:

Timescales in the National Guidance for Child Protection in Scotland (Percentage within Timescale)



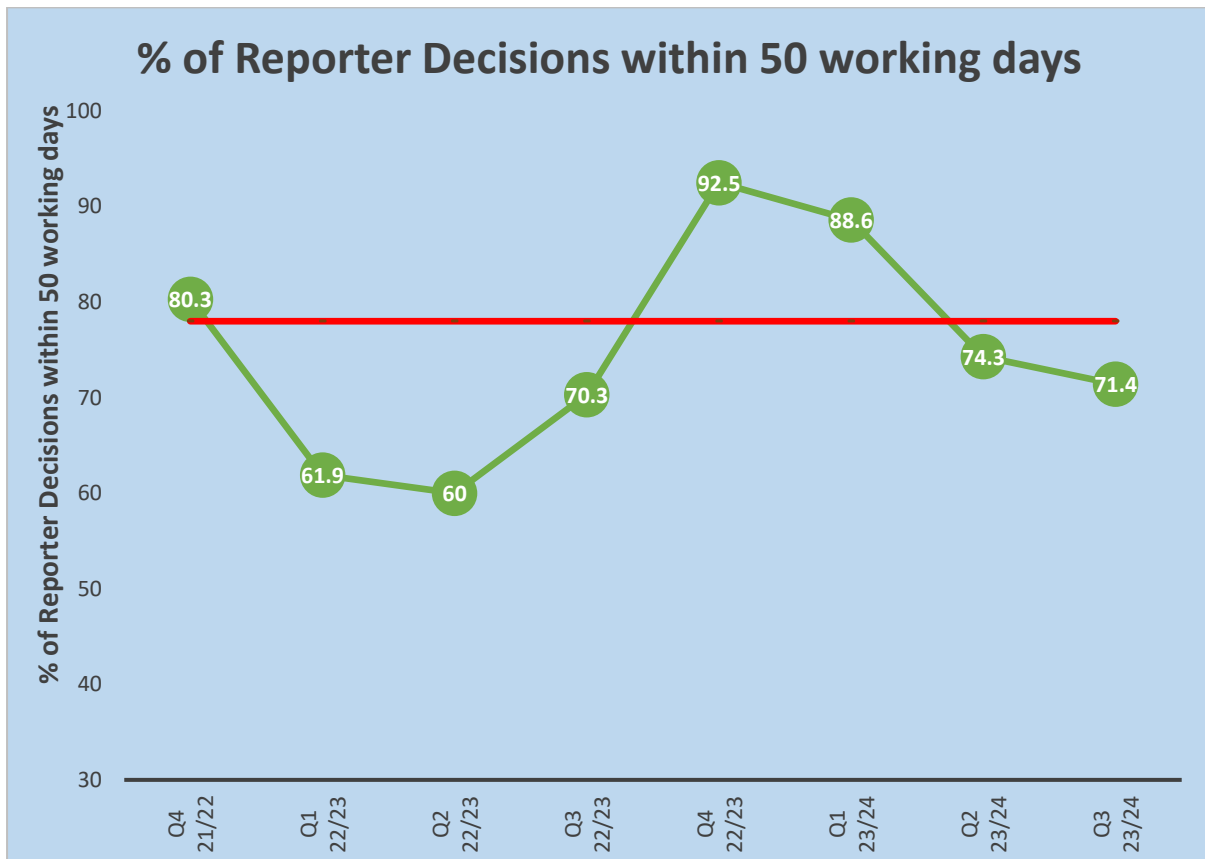
Scrutiny questions to support analysis of the data:

Where timescales are not being met, what are the reasons for this? For example, are they due to delays that are in the child's interests, or due to the availability of resources?

Comments:

Generally, this is well met. Any time that the timescale hasn't been met there has been appropriate reasons for such a delay such as ensuring family attendance and presentation. Priority is given to ensure that a full and productive CPPM or Core Group is held rather than meeting the deadline. It is positive to note that in the quarters where the KPI was not met, that they were held very closely to the suggested timeline.

Indicator 21: Reporter Decisions within 50 working days of Referral Receipt (%)



Scrutiny questions to support analysis of the data:

- **How do timescales locally compare with the national target of 78% of decisions made by the Reporter about a referral within 50 working days of receipt?**

Where the target is not being met, what are the reasons for this? For example, are they due to delays that are in the child's interests, or due to the availability of resources?

Comments:

This has recently dipped below the national target of 78%.

There was a number of reasons attributed to this reduction in the last six-months.

- Time pressures on the Children's Reporter given competing demands. However, there was no delay with any cases that were progressing to a Children's Hearing
- Delays in SCRA receiving reports from Social Workers
- Gaps in the assessments submitted to SCRA by Social Workers, with the Children's Reporter having to seek further information or analysis to enable a decision being made.

Overall, it is positive that there were no delays in children and young people's circumstances progressing to a Children's Hearing where needed. However, it is noted that the increase in pressures on the Social Work team and their staffing complement resulted in late report

submission or reports that did not have enough information to allow the Children's Reporter to make a decision.
Efforts will be made to ensure that this data point will be on the upwards trajectory from this quarter.

PARENTAL OR CARER ATTENDANCE AT INITIAL CHILD PROTECTION PLANNING MEETINGS AND INITIAL CORE GROUP MEETINGS

Indicators 22A & 22B: Percentage of parental / carer attendance at Initial / Pre-Birth CPPMs and Initial Core Group Meetings

As far as our records indicate (back to April 2019) 100% of CPPMs and Initial Core Groups have had parental attendance.

Scrutiny questions to support analysis of the data:

- **Where there was no parental/carers attendance, what were the reasons for this?**
- **Are both parents/carers attending** – particularly the parent/carers where the risk lies and/or who need to change their behaviour?
- **To what extent are parents/carers active contributors to the meetings** – i.e. what is the quality of their participation?
- **How are services engaging non-attending parents/carers with child protection planning?**

What was the level of professional attendance and participation at meetings?

Comments:

This remains at 100% for each quarter. Efforts are made to ensure that all CPPMs have attendance from the parents, and their attendance is a priority.

A wider evaluation of professional presentation at meetings would be beneficial, however anecdotal feedback has been that they are well attended by all agencies and the use of MS Teams has made this easier to ensure cover for staff unable to attend.